2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State
05-11-2005 90130 042 ***150.00

DOCUMENT # P01000111543

1. Entity Name
VICKY'S CLEANING & SERICES CORP.

50051845

Principal Place of Business	Mailing Address
1235 ALTON RD E MIAMI BEACH, FL 33139 US	1235 ALTON RD E MIAMI BEACH, FL 33139 US

04012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8120 Geneva Court	8120 Geneva Court
Suite, Apt. #, etc.: Suite 455	Suite, Apt. #, etc.: Suite 455
City & State: Doral FL	City & State: Doral FL
Zip: 33166 Country:	Zip: 33166 Country:

4. FEI Number: 60-0001296 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTENEGRO, VICMARY 1235 ALTON RD E MIAMI BEACH, FL 33139	Name: Vicmary Montenegro Street Address (P.O. Box Number is Not Acceptable): 8120 Geneva Court Suite 455 City: Doral FL Zip Code: 33166

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS MONTENEGRO, VICMARY 1235 ALTON RD MIAMI BEACH, FL 33139	☐ Delete	PSD Vicmary Montenegro 8120 Geneva Court Suite 455 Doral FL 33166	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 04/14/05 (303)4893981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #